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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

٦	Application Number	10/813,117				
	Filing Date	March 31, 2004				
	First Named Inventor	Erol GIRT				
Ì	Art Unit	1773				
	Examiner Name	H. Rickman				
	Attorney Docket Number	146712004800				

	ommissione O. Box 145	er for Patents									
	Alexandria, VA 22313-1450										
Please v	Please withdraw me as attorney or agent for the above identified patent application, and										
all t	all the attorneys/agents of record.										
the	the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
NOTE: This box can only be checked when the power of attorney of record in the application is to a practitioners associated with a customer number.											
The reasons for this request are:											
Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)4.											
				•							
CORRESPONDENCE ADDRESS											
The correspondence address is NOT affected by this withdrawal.											
2. X Change the correspondence address and direct all future correspondence to:											
	address = :	ssociated with Cus	tomar Numb	ver.							
OR The	augress as	ssociated with Cus	MOTHER INUITID	ات							
Firm	or										
	idual Name	Raj S. Davé, P	m.ບ. ————								
Darby & Darby P.C. 1500 K Street, N.W.											
,	Suite 250)	- 1-				T	10005 1711			
City	<u>_</u>	ton, D.C.	State				Zip	20005-1714			
Country	USA	7005		٦ <u></u>		us @dawbuda	<u> </u>				
Telephone		202-347-7865 Email				ve@darbylaw.co	П				
Signature		have Chry leg # 59875									
Name	Peter J. Davis				Registration No.	36,119					
Date March 27, 2007					Inlana **	Telephone No. (703) 760-7748					
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.											

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